

## KANSAS MEDICAID STATE PLAN

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30-10-15a. Reimbursement. Payment for services. (a) Providers with a current signed provider agreement shall be paid a per diem rate for services furnished to Kansas medical assistance eligible residents. Payment shall be for the type of medical or health care required by the resident, as determined by the attending physician's or physician extender's certification upon admission, and the individual's level of care needs, as determined through assessment and reassessment. However, payment for services shall not exceed the type of care that the provider is certified to provide under the Kansas medical assistance program. The type of care required by the resident may be verified by the agency before and after payment.

(b) Payment for routine services and supplies, pursuant to K.A.R. 30-10-1a, shall be included in the per diem reimbursement, and these services and supplies shall not be otherwise billed or reimbursed.

(1) The following durable medical equipment, medical supplies, and other items and services shall be considered routine for each resident to attain and maintain the highest practicable physical and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, and shall not be billed or reimbursed separately from the per diem rate:

- (A) Alternating pressure pads and pumps;
- (B) armboards;
- (C) bedpans, urinals, and basins;

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- (D) bed rails, beds, mattresses, and mattress covers;
- (E) blood glucose monitors and supplies;
- (F) canes;
- (G) commodes;
- (H) compressors;
- (I) crutches;
- (J) denture cups;
- (K) dialysis, including supplies and maintenance;
- (L) dressing items, including applicators, tongue blades, tape, gauze, bandages, adhesive bandages, pads, compresses, ace bandages, vaseline gauze, cotton balls, slings, triangle bandages, pressure pads, and tracheostomy care kits;
- (M) emesis basins and bath basins;
- (N) enemas and enema equipment;
- (O) extra nursing care and supplies;
- (P) facial tissues and toilet paper;
- (Q) first-aid ointments and similar ointments;
- (R) footboards;
- (S) footcradles;
- (T) gel pads or cushions;
- (U) geri-chairs;
- (V) gloves, rubber or plastic;
- (W) heating pads;
- (X) heat lamps and examination lights;

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- (Y) humidifiers;
- (Z) ice bags and hot water bottles;
- (AA) intermittent positive pressure breathing (IPPB) machines;
- (BB) irrigation solution, both water and normal saline;
- (CC) I.V. stands and clamps;
- (DD) laundry, including personal laundry;
- (EE) laxatives;
- (FF) lifts;
- (GG) lotions, creams, and powders, including baby lotion, oil and powders;
- (HH) maintenance care for residents who have head injuries;
- (II) mouthwash;
- (JJ) nebulizers;
- (KK) nonemergency transportation;
- (LL) nutritional supplements;
- (MM) occupational therapy;
- (NN) orthoses and splints to prevent or correct contractures;
- (OO) over-the-counter analgesics and antacids taken for the occasional relief of pain or discomfort as needed;
- (PP) over-the-counter vitamins;
- (QQ) oxygen masks, stands, tubing, regulators, hoses, catheters, cannulae, and humidifiers;
- (RR) parenteral and enteral infusion pumps;
- (SS) patient gowns, pajamas, and bed linens;

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(TT) physical therapy;

(UU) respiratory therapy;

(VV) restraints;

(WW) sheepskins and foam pads;

(XX) skin antiseptics, including alcohol;

(YY) speech therapy;

(ZZ) sphygmomanometers, stethoscopes, and other examination equipment;

(AAA) stool softeners;

(BBB) stretchers;

(CCC) suction pumps and tubing;

(DDD) syringes and needles, except insulin syringes and needles for diabetics that are covered by the pharmacy program;

(EEE) thermometers;

(FFF) traction apparatus and equipment;

(GGG) underpads and adult diapers, disposable or non-disposable;

(HHH) walkers;

(III) water pitchers, glasses, and straws;

(JJJ) weighing scales; and

(KKK) wheelchairs.

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(2) Urinary supplies. Urinary catheters and accessories shall be covered services in the Kansas medical assistance program when billed through the durable medical equipment or medical supply provider. This expense shall not be reimbursed through the per diem rate derived from the cost report.

(3) Total nutritional replacement therapy. Total nutritional replacement therapy shall be a covered service in the Kansas medical assistance program and billed through the durable medical equipment or medical supply provider. Total nutritional replacement therapy expenses shall not be reimbursed through the per diem rate derived from the cost report.

(4) Each nursing facility shall provide at no cost to residents over-the-counter drugs, supplies, and personal comfort items that meet these criteria:

(A) Are available without a prescription at a commercial pharmacy or medical supply outlet; and

(B) are provided by the facility as a reasonable accommodation for individual needs and preferences. These over-the-counter products shall be included in the nursing facility cost report. A nursing facility shall not be required to stock all products carried by vendors in the nursing facility's community that are viewed as over-the-counter products.

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(5) Occupational, physical, respiratory, speech, and other therapies. The Kansas medical assistance program cost of therapies shall be determined as follows:

(A) Compute the ratio of medicaid therapy units to the total therapy units provided to the nursing facility residents during the cost report period;

(B) multiply the ratio of medicaid therapy units by the total reported therapy costs to determine the allowable medicaid portion of therapy costs;

(C) multiply the medicaid portion of the therapy costs by the ratio of total days to medicaid resident days to determine the allowable therapy expenses for the cost report period ;

(D) offset the non-medicaid/medikan portion of the therapy cost in the provider adjustment column and on the related therapy expense line in the cost report; and

(E) submit a work paper with the cost report that supports the calculation of the allowable Kansas medical assistance program therapy expenses determined in accordance with paragraphs (b) (5) (A) through (C) above.

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(c) Each provider of ancillary services, as defined in K.A.R. 30-10-1a, shall bill separately for each service when the services or supplies are required. Payment for oxygen shall be reimbursed to the oxygen supplier through the agency's fiscal agent, or the fiscal agent may reimburse the nursing facility directly if an oxygen supplier is unavailable.

(d) Payment for specialized rehabilitative services or active treatment programs shall be included in the per diem reimbursement.

(e) Payment shall be limited to providers who accept, as payment in full, the amount paid in accordance with the fee structure established by the Kansas medical assistance program.

(f) Payment shall not be made for allowable, nonroutine services and items unless the provider has obtained prior authorization.

(g) Private rooms for recipients shall be provided when medically necessary or, if not medically necessary, at the discretion of the facility. If a private room is not medically necessary or is not occupied at the discretion of the facility, then a family member, guardian, conservator, or other third party may pay the difference between the usual, customary charge and the medicaid payment rate.

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(h) This regulation shall take effect on and after January 1, 1999. (Authorized by and implementing K.S.A. 1997 Supp. 39-708c; effective May 1, 1985; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1991; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995; amended Jan. 1, 1997; amended Jan. 1, 1999.)

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30-10-15b. Financial data. (a) General. The per diem rate or rates for providers participating in the Kansas medical assistance program shall be based on an audit or desk review of the costs reported to provide resident care in each facility. The basis for conducting these audits or reviews shall be the nursing facility financial and statistical report. Each provider shall maintain sufficient financial records and statistical data for proper determination of reasonable and adequate rates. Standardized definitions, accounting, statistics, and reporting practices which are widely accepted in the nursing facility and related fields shall be followed, except to the extent that they may conflict with or be superseded by state or federal medicaid requirements. Changes in these practices and systems shall not be required in order to determine reasonable and adequate rates.

(b) Pursuant to K.A.R. 30-10-17, cost reports shall be required from providers on an annual basis.

(c) Adequate cost data and cost findings. Each provider shall provide adequate cost data on the cost report. This cost data shall be in accordance with state and federal medicaid requirements and general accounting rules, shall be based on the accrual basis of accounting, and may include a current use value of the provider's fixed assets used in resident care. Estimates of costs shall not be allowable except on projected cost reports submitted pursuant to K.A.R. 30-10-17.

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(d) Recordkeeping requirements.

(1) Each provider shall furnish any information to the agency that may be necessary to meet these criteria:

(A) To assure proper payment by the program pursuant to paragraph (2) below;

(B) to substantiate claims for program payments; and

(C) to complete determinations of program overpayments.

(2) Each provider shall permit the agency to examine any records and documents that are necessary to ascertain information pertinent to the determination of the proper amount of program payments due. These records shall include the following:

(A) Matters of the nursing facility ownership, organization, and operation, including documentation as to whether transactions occurred between related parties;

(B) fiscal, medical, and other record-keeping systems;

(C) federal and state income tax returns and all supporting documents;

(D) documentation of asset acquisition, lease, sale, or other action;

(E) franchise or management arrangements;

(F) matters pertaining to costs of operations;

(G) amounts of income received, by source and purpose; and

(H) a statement of changes in financial position.

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